

**Evaluation of the  
Pre –Service Developing Managers Who Lead Programs  
at Alexandria Nursing School and Menoufia Medical School,  
Egypt**

**Report by**

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## ACRONYMS AND ABBREVIATIONS

DMWL	Developing Managers Who Lead
M&E	Monitoring and Evaluation
M&L	Management and Leadership Program
MOHP	Ministry of Health and Population
MSH	Management Sciences for Health
TA	Technical Assistance

## **I. EXECUTIVE SUMMARY**

Since 2002 the Management and Leadership (M&L) Program of Management Sciences for Health (MSH) has provided technical assistance to various counterparts under the Developing Managers Who Lead (DMWL) program in Egypt.

Beginning in June 2004 M&L implemented a one-year pilot program focusing on pre-service learning. Collaborating with the Medical Faculty of Menoufia University, and the Nursing Faculty of Alexandria University, M&L developed the pilot program.

M&L conducted an evaluation in July 2005 to assess the facilitating and impeding factors that impacted the Pre-Service Programs and provide recommendations that can be used to improve similar requests to M&L for technical assistance in the future.

In-depth interviews and focus group discussions were conducted with selected stakeholders and participants in Menoufia and Alexandria Universities.

The Pre-Service Program at Alexandria Nursing School has succeeded in introducing the practices of shared vision, priority setting, effective communication, and the value of team work which were the most important leadership practices perceived as essential by the respondents. Overall, the pilot program at Alexandria Nursing School may be considered a success because it has been mainstreamed into ongoing faculty activities, and faculty and hospital administrators have been providing the necessary political and administrative support. There is also a very enthusiastic and committed program coordinator in charge of the Program. It should be also mentioned that the program has greatly improved the teamwork. Team work and its impact on the quality of work were valued by all program participants.

The experience at Alexandria Nursing School has also showed that efficient use of resources can better support clinical service delivery at no extra cost. The school administration has already replicated the program without any financial or technical assistance from M&L.

The Pre-Service Program at Menoufia Medical School was successful in introducing the principles of Developing Managers Who Lead (DMWL), and demonstrating the implementation of the principles through a pilot program. However, it was also evident that the pilot program suffered several challenges, such as poor timing due to changes in the school administration which left the program without a visible and vocal champion. Insufficient monitoring and encouragement of program participants also led to a constant dropout of participants.

This pilot program at the Menoufia Medical School was neither a total failure nor a fully satisfying success. Like any other pilot program, it has provided very valuable lessons for future program designs.

The key success factors for future expansion in Egypt and introduction to other countries are as follows:

- The Leadership Development Program model should be kept simple. This helps both implementation and future expansion.

- The Leadership Development Program model should always establish a link to real health care challenges. This is the core strength of the program.
- The most important feature of the model is the concept of working in teams. This feature should never be compromised.
- Dedicated staff should be identified in the beginning and maintained throughout the implementation.
- Necessary technical assistance on program monitoring should be provided to local program managers at all times.

## **II. SUMMARY OF RECOMMENDATIONS**

### **Recommendations for the Alexandria Nursing School administration:**

- The program could be limited to only one two-month rotation period in order to allow the teams to work together throughout the process as a team. The vast majority of participants interviewed made this recommendation. Future designs should take this recommendation into account but with the caution that two months may not be sufficient time for participants to achieve satisfactory results in terms of behavior change and accomplishment of plans results defined in their action plans.
- Groups should involve all members of the clinical team at the department/unit level as well as administrative staff and other workers in the hospital.
- There is a need for checklists to standardize all clinical procedures, including those related to infection control. It is noted that this is not the job of the leadership program; it should be addressed by the faculty management.
- Participants should be allowed to select their own challenges. This would help ensure full participation throughout the program.

### **Recommendations for MSH:**

- Proper and early orientation of hospital management and senior physicians about the program is crucial.
- MSH should ensure that both school and hospital administration commit themselves to pursue necessary changes in the existing clinical procedures and policies where needed.
- Active involvement of head nurses from the beginning should be ensured.
- MSH should prepare and introduce necessary monitoring and measurement tools at the beginning of implementation of future programs

### **Recommendations for the Menoufia Medical School administration:**

- The program needs more effort on the part of and more attention from faculty members. The senior hospital staff should allow interns time to implement their action plans.
- The program needs to be modified to make it more suitable to the current medical intern rotation system.
- Interns should be allowed to choose their teammates and form their own teams.
- The program length should be reduced to the period of one full rotation, which is two months for medical interns.

**Recommendations for MSH:**

- There is always a need for a champion who will take the lead and carry on the program—one dedicated person is needed who will identify herself with the program. In the future, MSH should ensure that the “champion position” for the leadership program in the organization is always filled.
- The need for proper monitoring and measurement procedures recommended for the Alexandria Nursing School is also valid for Menoufia Medical School. There is also need to set up a system to monitor and support the interns after graduation.

### **III. BACKGROUND**

Since 2002, M&L has provided technical assistance to various counterparts under the Developing Managers Who Lead (DMWL) program in Egypt.

The first one-year pilot program, co-led by the Ministry of Health and Population (MOHP), began in June 2002 and ended in June 2003. The purpose of the program was to improve the quality and accessibility of health services in Egypt, specifically in three districts of the Aswan Governorate, by:

- increasing the capability of managers to lead others to achieve results; and
- improving their ability to create climates of high performance in their workplaces.

This program involved a total of 41 district and clinic managers in three districts of Aswan governorate. The key components of the program were bi-monthly leadership workshops followed by monthly district or clinic level meetings. Participants formed ten working teams. Each team selected a performance improvement project and prepared an associated action plan.

The M&L Monitoring and Evaluation (M&E) Unit conducted an evaluation of the program in June 2003. The evaluation report is available from the M&E Unit.

Although M&L's support for and assistance to the Aswan program ended in June 2003, graduates decided to replicate and expand the program to other clinics and districts within the governorate. UNFPA has also started replicating the program in another governorate as well.

In April 2004 M&L decided to conduct a follow-up evaluation of the Aswan program to learn more about this self-directed initiative and to document the process, achievements, and lessons learned since the termination of M&L funding and technical assistance. The follow-up evaluation report is also available from the M&E Unit. As of mid-2005 there were over 100 teams and 35 facilitators using the original approach and curriculum in Aswan. Local facilitators are now running a component of the program every day of the week in a health unit in the governorate and their goal is to cover all health units in the entire governorate by January 2006.

Beginning in June 2004 M&L implemented a one-year pilot program targeting pre-service learning. The program emerged from the need for physicians and nurses to acquire management and leadership knowledge and practices prior to assuming their managerial roles in health units. Collaborating with the Medical Faculty of Menoufia University, the Nursing Faculty of Alexandria University, and the National Training Institute of the MOHP, M&L developed the pilot program. It is the first attempt to integrate M&L's principles, frameworks, and tools for DMWL into pre-service learning. The program at the medical school involved a total of 62 participants. At the nursing school there were 100 participants.

In April 2005 M&L decided to hold a LeaderNet workshop in Alexandria for the Egypt Pre-Service Program teams and for key people from the Aswan clinics to introduce them to LeaderNet<sup>1</sup>. The

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<sup>1</sup> LeaderNet is an MSH Community of Practice for graduates of Leadership Development Programs worldwide. Through a combination of the Web, phone, fax, and print, LeaderNet provides opportunities for networking, experience exchange, access to resources on management and leadership, and continuous learning.



purpose was to provide technical assistance (TA) in basic monitoring and evaluation concepts. This face-to-face and virtual workshop was attended by over 20 participants. It was conducted during the period April 26- May 27, 2005.

As mentioned above, M&L tested several different approaches to mainstream the DMWL concept and framework into the Egyptian health system both in the pre-service context and at service delivery levels.

Two reports have been prepared from the evaluation conducted in July 2005. This report focuses on the pre-service program experience; the other report focuses on the process of "mainstreaming" the Aswan leadership development program — how M&L has been able to transfer programs in Egypt to other organizations to own and continue to implement.

#### **IV. METHODOLOGY**

##### *Purpose of the evaluation*

The purpose of this evaluation was to assess the facilitating and impeding factors that have impacted the Pre-Service Program and to provide recommendations that can be used to improve similar requests to M&L for technical assistance in the future.

##### *Specific objectives of the evaluation:*

The specific objectives of the Pre-Service Program evaluation are to:

- Assess and document the mainstreaming at the Nursing School in Alexandria, where the faculty have adopted the program and are teaching it.
- Assess and document the factors behind why the Menoufia Medical School did not adopt the program.

##### *Data collection methodology and tools:*

In-depth interviews and focus group discussions were conducted with selected stakeholders and participants. Specifically, the following meetings were conducted:

- 1) Individual interviews and focus group sessions with selected Nursing School staff in Alexandria. The first meeting was conducted with the vice dean, the program coordinator, and one of the preceptors. The second meeting was conducted with five of the faculty involved in the program. A focus group discussion with a total of 15 participants was conducted with selected head nurses and preceptors.
- 2) Individual interviews with selected Medical School staff in Menoufia. The first meeting was conducted with the former dean of the faculty. The second meeting was conducted with three of the faculty involved in the program. The third meeting was conducted with three recently graduated medical doctors and one resident who participated in the program. The three interns and the resident represent one of the six groups formed at the Menoufia Medical School during the pilot program implementation.

In total, 31 people were interviewed. All interviews were digitally recorded for transcription. The individual and group interviews were structured according to the themes and key questions described below.

**For the Pre-Service Program in Alexandria:**

- Why did the Nursing School staff in Alexandria staff decide to adopt and integrate the DMWL program into their training program?
- Which aspects and specific components of the program attracted them?
- What strategies were used for adopting the program? What are the procedures and criteria for including a new clinic/team?
- What resources were required and from where did these resources come?
- What motivated participants to achieve results? What prevented them from achieving their goals?
- What obstacles were experienced by the faculty at the Nursing School during the program?
- What future does the nursing faculty envision for the program?

**For the Pre-Service Program in Menoufia:**

- What were the reasons for non-continuation of the program at the Faculty of Medicine?
- How did the program managers work together during the program's implementation?
- Which aspects and specific components of the program did they like and which did they dislike?
- What should have been done or what were the missing components to enable the Faculty of Medicine to adopt the program?
- Were there any disagreements among decision makers during the process of program implementation?

*Field work:*

The field work for this evaluation was conducted during July 16-19, 2005. Interviews and focus group discussions took place in Cairo, Alexandria and Menoufia.

## **V. ALEXANDRIA NURSING SCHOOL PRE-SERVICE PROGRAM: FINDINGS**

### ***1. Program Design***

Interest in the program started when the Dean of the Alexandria Nursing School attended a strategic leadership meeting in the U.S. in 2003 at which Dr. Joan Galer of the M&L Program spoke. She then decided to implement a pilot program at the school. The main objective was to improve communication and performance among interns and nurses working in different hospital departments.

Following an orientation meeting with faculty conducted by Dr. Galer in late 2003, school management identified staff from each of the five main departments. These staff worked as supervisors during program implementation. Interested interns, head nurses, and preceptors were then enrolled in the pilot program which was launched in early 2004.

Although the pilot program primarily targeted interns, head nurses and preceptors were also included to give the interns the chance to act and work together as one team. Four groups of interns (16 each), 11 head nurses, and 25 preceptors were involved in the pilot program. These participants were divided into eight groups. There were five interns, one or two head nurses, and three-four preceptors in each group. Although the interns had to rotate between units every one or two months, they attended program workshops together as a group.

In total, four workshops were organized between September and December 2004. Each workshop was two days and covered one or two major leadership concepts.

All groups chose a common challenge: infection control. Activities to address this challenge were situated in the hospital unit, rather than in the program team, unlike other leadership development programs implemented by M&L. At the beginning of the program, each team working in a certain unit selected a specific challenge related to infection control. They prepared and implemented an action plan while they were assigned to the unit. When the interns rotated, they moved to a different unit working on a different infection control-related challenge, and contributed to the implementation the existing action plan of their new unit. While the interns rotated among hospital units, the head nurses and preceptors stayed in their assigned unit.

#### ***Adoption of the program:***

Faculty members reported that the program produces useful results. They also indicated that leadership skills were applicable to all members of the medical team and not only to the person in charge.

Several faculty members said that they had faced some resistance from the hospital administration at the beginning of the program. The teams also faced resistance from doctors from time to time.

Several of the head nurses were not supportive of the program at the beginning. Later, they were happy to be recognized and played an active role in its implementation.

In general, faculty members were more responsive than hospital staff.

*Program content:*

M&L designed and implemented the program content. The Nursing School's program coordinator used the same training materials, and without major changes, during the replication of the program (see below).

According to faculty members interviewed, the most useful topics were: problem definition, selection of a challenge, and inspiring people. Faculty members added that they have adopted the concepts of shared vision and leadership as a new style of work.

The participants mentioned that they very much liked learning how to be active and resolve issues even if you are not in charge. They also learned how to identify a challenge, prepare an action plan, and how to implement it in both their professional and personal lives.

Commitment was another aspect of the program valued by the participants. They learned to convince and acquire both logistic and financial support from others.

***“Leadership is a way of thinking. We have learned that to lead is to love.”***

***“Your life changes when you decide on a certain challenge.”***

Below are the few mottos mentioned by participants as valuable lessons learned:

- ***Not complain but request***
- ***Motivation and inspiring are necessary***
- ***Never give up***
- ***Work with love***
- ***Begin small but start now***

*Program implementation:*

Program participants liked the training approach. They also liked Dr. Galer's ability to communicate with everybody.

***“The style was simple, atmosphere was familiar. We were working with love as a group of head nurses, preceptors and interns. It was a new thing for us. We found it very interesting and the time had passed really fast.”***

***“We found this an opportunity to know more about the system.”***

*Program monitoring:*

Bi-monthly review meetings and monthly supervisory visits were conducted by program supervisors. Head nurses and preceptors were the key staff monitoring the implementation of action plans.

In addition, faculty members regularly monitored the implementation of action plans.

***“I was regularly monitoring their selected challenges.”***

They were also regular meetings with preceptors to review achievements.

***“Every week I met with interns and received the preceptor's feedback (or talked with her over the phone). Then we discussed obstacles and how to overcome [them].”***

Faculty members developed log books for each unit into which interns rotated, and used the log books to note specific problems identified and activities conducted during the day. This allowed the following shift to review progress.

No specific monitoring forms or indicators were developed to monitor the challenges and action plans prepared by the teams.

## ***2. Achievements of the program as perceived by staff interviewed***

*Shared vision:*

Both head nurses/preceptors and interns stated that the concept of shared vision helped everybody become more involved and deal with problems positively. They realized that they all have a role to play.

***“It taught us how to use the concept of shared vision in our own lives.”***

*Improved teamwork:*

Team work was mentioned by most of the interviewees as an important concept that they have learned. Everybody valued team work and its impact on the quality of work.

***“We realized how team work can make a difference and improve quality of our work.”***

***“The best thing about this program is that we felt as one group especially with interns. It helped me to know them and they know me better. This improved our communication all year long.”***

***“We have learned how team work can affect the performance and the quality of work.”***

Interns also liked the idea of team work. They think that it is important to work closely with the faculty and head nurses to implement activities, overcome obstacles, and achieve results.

***“We were able to work as a team and our relationship (with other staff) has improved. Now, we can identify strengths and weaknesses of each member of the team so each one can do her role effectively and not to blame others... we should never give up. We can dream and achieve our dream.”***

Another finding from the interviews was that a high level of commitment and team work had motivated participants the most to achieve results.

***“When we are all committed, we don't have to deal with much conflict. On the other hand, when we found some people in some of the units not motivated or not supportive, we had some problems reaching our goal”***

At the beginning of program implementation, some of the head nurses were not supportive. They objected to the program saying that there was no time or not enough facilities for this type of program. In addition, they noted that hospital managers would not help them. Afterwards, they were very happy to be recognized and were actively involved in this program.

***“The head nurses used to be a source of problems in the past. Now they support the program and facilitate the work with the interns.”***

***“They felt that they are not lost between the hospital and the faculty, they felt proud and pleased that their work was being appreciated.”***

It is clear that proper orientation and motivation made the teams, including the head nurses, more committed.

#### *Better communication:*

Improved communication among all members of the team was highly valued at all levels.

***“The way they are now performing inside the unit and how they are communicating are better.”***

***“When we are in good communication/relationship with the hospital staff we can perform better.”***

***“The way they are performing in the unit and the way they are communicating are better now.”***

Good listening was also an important practice that they learned.

***“Even if I am busy, I have to be a good listener.”***

Better communication facilitates better performance at work. The faculty mentioned that the program improved communication, especially between head nurses and interns.

***“At the beginning, the interns were very far from the head nurse (except for administrative issues). This year they work together on one project which helped better and continuous communication among the group. The interns are now able to meet and better communicate with the head nurse.”***

*Selecting SMART<sup>2</sup> challenges:*

People interviewed mentioned that the action plan targets to decrease hospital infection rates were quite realistic and achievable.

***“The target we chose was achievable, we applied the ‘SMART’ so as to be able to achieve results...on the other hand, in some departments, like the emergency unit, it was rather difficult because of the nature of the department with high turn over, shortage of staff, supplies and resources.”***

Faculty members observed that the rate of infection decreased in most of the departments. This achievement was very satisfying for the participants. However, as discussed below, there was no well established mechanism for properly measuring this much talked about outcome.

*Redefining “the leader”:*

The faculty believed that the program helped the interns to use various capabilities and talents already available among the group members. This sometimes helped overcome the challenge of the lack of resources.

***“We discovered leadership potentials in the young interns.”***

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<sup>2</sup> **SMART:** Specific, Measurable, Achievable, Realistic, Time bound

One of the faculty members mentioned that the program affected her department very positively.

***“For me the department has changed. The interns were able to make a poster and convince doctors regarding all simple infection control procedures. I try to maintain these changes and even improve [them].”***

***“Young staff feel responsible even when they are still junior. They felt they can make a difference.”***

In addition, the program coordinator mentioned that out of the 60 nurse interns, she believes that she will have at least 10 leaders applying the leadership concepts in their next positions.

The program covered all levels of the Nursing School. While faculty members, head nurses, and preceptors were nominated by their departments, interns volunteered to participate. Interviews revealed that this did not make much difference on how they later perceived the program. On the other hand, self selection seems to be more appropriate to ensure high level of commitment.

***“The idea is good. Before this workshop we thought that only people in charge are leaders, but now we know that every person can contribute, as a leader, from his or her position.”***

### ***3. Challenges faced by program participants***

#### ***Lack of resources:***

Although both nurses and doctors were convinced of the importance of infection control, sometimes they could not follow the strict protocols because of a lack of resources. The lack of financial resources also sometimes impeded the implementation of planned activities.

On the other hand, one of the hospital staff commented that proper use of available resources facilitates successful implementation and achievement of the goal.

***“Sometimes supplies were available, but there was misuse of these supplies. Proper use would help efficient use of resources.”***

Another staff member commented that financial resources are not everything, especially when it comes to the use of clinical supplies, although funds would be needed for printing and copying of training materials. (It should be noted that the faculty administration was able to provide some funding for photocopying necessary for replication of the program.)



The person in charge of the internship program was also the lead person supporting the Pre-Service Program's implementation. She may be considered the champion of this program.

***"I don't have any resources. I don't have any funds. The challenge for me is to attract people to join and to be committed without additional funding. We don't have coffee breaks. We will need money only for photocopying, for several coffee breaks and for flipcharts and markers. Sometimes I need to give some money for the head nurses to motivate them." Program coordinator***

The main two funding needs identified by the interviewees were:

- Funds for photocopying
- Funds for some hospital supplies. The main problem mentioned is the lack of medical supplies due to high patient volume in some units.

Several participants thought that this gap could be overcome through team work and cooperation with hospital management. One person even suggested collecting donations from medical staff and clients' families.

More than one participant indicated that efficient use of resources can better support clinical service delivery at no extra cost.

***"We try to achieve results with available resources and minimal funds available. Lack of funds did not stop us."***

#### *Resistance to change:*

The doctors did not know much about what the teams were doing and were not always supportive. In addition, they did not take the topic of "infection control" seriously and were not very responsive to the teams' suggestions to implement preventive measures.

***"When we asked some of the doctors to strictly follow infection control procedures, they would say 'what are you saying?' and did not take us seriously."***

Some of the hospital policies did not allow for the smooth implementation of activities (e.g. client visiting times). Several units were able to change procedures through their personal contacts. Some of the head nurses took the lead and supported their teams by communicating with the unit doctors.

During the program implementation period, the interns' rotation between departments and the lack of close monitoring of some teams by hospital clinical staff affected the level of motivation to continue work.

*“Because of moving from one department to the next, we didn't have a chance to watch our own achievements.”*

#### **4. Program replication and future plans**

The faculty members interviewed mentioned that they have already repeated the experience with one group since the M&L pilot program ended. They have developed a plan to offer the program to six more intern groups. They will start with all interns in August 2005.

When they replicated the program, they picked the participants rather than waiting for volunteers. They conducted shorter workshops rather than day-long ones to avoid lunch breaks and minimize the cost. But the participants noticed that the group in the pilot program had had breaks and received bags and incentives for the head nurses. Also, interns and staff who were not involved in the program replication asked why they were not selected.

The program coordinator indicated that they are now providing training three hours per week for four weeks to avoid the cost of the breaks. This plan has already been implemented with one group.

During the next academic year, the school administration plans to replicate the program with another group of interns. Beginning in September 2005, the program will be part of the Nursing School curriculum. Faculty members plan to meet with head nurses and preceptors and conduct a three-day orientation for the new group of interns at the beginning of the month. The faculty members will supervise this group.

## **VI. ALEXANDRIA NURSING SCHOOL: CONCLUSIONS**

The Pre-Service Program in Alexandria Nursing School has succeeded in mainstreaming a leadership approach and introducing the practices of shared vision, priority setting, effective communication, and the value of team work which were the most important leadership practices perceived as essential by the respondents. Both head nurses and interns indicated that many of these concepts are applicable in both their professional and personal lives.

Some of the medical interns and residents were against the program; they thought that the nurses were criticizing the way medical practice was being conducted (e.g. the participants insisted on hand washing and aseptic techniques). It appears that physicians did not get a proper orientation to the program and what it intended to accomplish. The nurses want to encourage more involvement of the medical staff in the teams.

Although the challenge selected by all teams, infection control, seemed very relevant to all groups, it restricted some of the participants from choosing a challenge that could have been more important and relevant to them and for their hospital units.

Moreover, the program did not introduce or use any existing procedures to properly monitor and measure the infection control results. The baseline and end of action plan measurements were not consistent. This fact makes it hard to conclude whether or not the teams achieved significant results.

Overall, the pilot program at Alexandria Nursing School may be considered a success because:

- Faculty and hospital administrators mainstreamed the program and have been providing the necessary political and administrative support;
- A very enthusiastic and committed program coordinator is in charge;
- Implementation of all action plans has been completed;
- There is cadre of trainers and supervisors for future program replication;
- The school administration has already replicated the program without any financial or technical assistance from M&L; and
- There are concrete plans for future replication and expansion of the program.

## **VII. ALEXANDRIA NURSING SCHOOL: RECOMMENDATIONS**

This program can be successfully integrated into the training program for nurses. The following recommendations may help the school administration achieve this goal:

### **Recommendations for the school administration:**

- Although all action plan implementation has been completed, rotation of interns did not allow the teams to work together during the entire process. Interns could not experience the accomplishment of results at a team.

***“We need continuity and close observation.”***

The program could be limited to only one two-month rotation period. Future program designs should take this recommendation into account but with the caution that two months may not be sufficient time for participants to achieve satisfactory results in terms of behavior change and accomplishment of plans results defined in their action plans.

- Groups should involve all members of the clinical team at the department/unit level as well as administrative staff and other workers in the hospital in order to receive their support, which may be needed for the implementation of some of the action plans.
- Early involvement and active participation of physicians will facilitate team work and minimize conflict at the unit level. Teams suggested that doctors involved in the program should be more responsive to the activities implemented by the nurse intern teams. Doctors act as role models

for all members of the health team. They may also facilitate the management and efficient use of resources. They should actively participate in the teams.

- There is a need for checklists to standardize all clinical procedures, including those related to infection control. A procedures manual should also be available in each unit.
- Participants should be allowed to select their own challenges. This would help ensure full participation throughout the program. On the other hand, focusing on one challenge for comparison and cross-fertilization of ideas and approaches between groups and to engender breakthroughs in leadership and management practices may be an alternative strategy.

### **Recommendations for MSH:**

- Proper and early orientation of hospital management and senior doctors about the program is crucial. Their engagement or lack thereof can affect the overall quality of work.
- Existing clinical procedures and policies have an undeniable impact on the implementation of action plans. MSH should ensure that both school and hospital administration are aware of this and should commit themselves to pursue necessary changes where needed. Support from hospital management in this respect is essential to the achievement of effective results in service delivery.
- Head nurses (or whoever is in charge of the ward) are key personnel in program implementation. The head nurse is the main link between the doctors and the junior staff as well as the hospital administration. Their active involvement from the beginning should also be ensured.
- As mentioned above, the program lacked proper monitoring and measurement procedures. Two systems are required: first, a system for program managers and hospital supervisors to document and monitor the progress of the teams towards the achievement of their goals. This could be a kind of checklist that helps to see at a glance all the teams, team members, the teams' selected challenges, timeframes and key milestones in their action plans. Such a checklist could be standardized and be used by program managers in other M&L leadership development programs. The second system should provide tools and technical resources to properly collect data, calculate the necessary statistics, and facilitate the analysis and use of results. This will help the standardization and the quality of data collection. MSH should prepare and introduce such tools at the beginning of implementation of future leadership development programs.

## **VIII. MENOUFIA MEDICAL SCHOOL: FINDINGS**

### ***1. Program design***

According to senior staff interviewed, Menoufia Medical School has always attracted the best students from around the country. The number of first graduates in 1987 was 54. Last year the number of graduates was approximately 300. There are approximately 4,000 medical graduates from all around Egypt.

#### *Adoption of the program:*

The first contact with M&L's work in leadership development was in 2003 when Dr. Mohamed Ibrahim, then the Dean of the School, visited the U.S. to attend a strategic leadership meeting at Johns Hopkins University. He met Dr. Joan Galer and invited her to design and implement a pilot leadership project targeting medical interns at the Menoufia Medical School .

The pilot Pre-Service Program started in September 2004, despite the fact that Dr. Ibrahim had left his position in late August. Before he left the Medical School, he introduced Dr. Galer and the program to the new Dean. There was no direct opposition from any senior staff impeding the planned program activities.

#### *Program content:*

Six groups were formed among the medical interns in the Emergency Hospital rotation in September 2004. There were eight interns, one nurse, and one resident in each group. Residents provided leadership and monitored the progress of their groups' action plans. There were also administrative staff assigned to each group. The intern groups were randomly formed. While medical interns rotated as a group, residents and nurses stayed in their assigned departments. The intern groups and the other hospital staff assigned to their groups met regularly.

#### *Implementation period:*

The pilot program started in September 2004 and ended in December 2004. Every month a workshop was conducted by Dr. Galer, followed by bi-weekly review meetings conducted by the local facilitators selected from the Medical School faculty.

Out of six groups, two of them or roughly 25 interns, were able to attend the meetings regularly and completed their action plans by December 2004.

On March 17, 2005 Drs. Galer and Ibrahim organized a meeting of the Supreme Council of Universities, including Deans of medical schools in Egypt to present the program and present the results. That meeting was a great success in terms of raising awareness about the program with other faculties. The Deans were impressed by the pilot program and expressed an explicit need to adapt and replicate the program in all medical faculties.

### ***2. Achievements of the program as perceived by the staff interviewed***

According to faculty members interviewed, the program was a very good idea. Medical school training is mostly clinical not managerial. The curriculum does not have a leadership and

management training component. Most of the graduates will eventually work in the rural areas and will have managerial responsibilities.

***“They will face a lot of problems and they will be leaders by their position. No managerial and leadership knowledge is given to them. This is a challenge.”***

The program thus fills a very important gap.

*Behavioral change:*

An important result of the program was behavioral change.

***“This program was addressing behavioral change and it has changed the way of thinking.”***

Respondents indicated that the program was able to unearth very good champions for the future.

***“We found that this was reflected in their behaviour, knowledge, relation with each other, staff and patients. We liked that.”***

They also mentioned that program participants learned not to complain and never give up.

***“...breakdown could happen anytime. You have to struggle and make a progress.”***

Senior staff and facilitators also gained important benefits from the program.

***“...I have changed my management behaviour after the course.”***

***“...I have learned to convert every problem into a challenge.”***

Interns interviewed also emphasized the concept of “change” as an outcome of the program. The following quotes confirm this:

***“...I have learned to change myself.”***

***“...it helped me to think correctly.”***

***“...(the course has) changed our minds.”***

As one faculty member interviewed mentioned:

***“...Dr. Galer succeeded very much to let interns be good leaders. They are in a better shape than before.”***

Three interns interviewed confirmed the opinions of the senior staff. All interns liked the training approach used by the program.

***“...the way Dr. Joan teaches was great. It was not like a lecture.”***

***“...Joan was so good that people will eventually compare the next trainer with her. This is a challenge!”***

*Redefining “the leader”:*

The program changed program participants’ views about the meaning and definition of a leader. As one intern stated:

***“...we were thinking that the person who is in charge is the leader. But in this course we have learned that a leader is a person who enables others to produce results.”***

The interns defined leadership as a “*commitment to change something.*”

*Improved teamwork:*

The program introduced the concept of working as a team. As one respondent mentioned, they have learned to “*do it as a group, learn as a group*”.

*Better communication:*

The interviews revealed that there has always been a communication gap and there was not a link between nurses and the medical interns. The program was able to narrow that gap by introducing the group work. This alone was a very important achievement.

### ***3. Challenges faced by the program***

*Poor timing:*

The first and the most important challenge faced by the pilot program was the unfortunate launching time. Change in the top management had a negative impact on the program. The new dean, naturally, had many priorities and this program was not his top priority.

***“...there were also differences between their views about the administration of the MMS.”***

Although the new dean encouraged Dr. Galer and expressed a warm welcome, he did not have enough time to focus on the program.

The Director of the Emergency Hospital, who was a facilitator of the program, also left his position during the program implementation period. This may have hindered the administrative support needed by the teams since most of the activities were planned to take place in the emergency hospital.

*Inadequate support:*

These changes left the program without a champion at the Menoufia Medical School. All interviewees agreed that right now no one can name a person as the champion of the program. Interns mentioned that they “do not know who is in charge now.”

This fact impedes preparing plans and taking action for the new academic year which has already started, and the involvement another round of 300 interns. There are no concrete plans for program replication in 2005.

There was also a serious misperception — the new leadership of the faculty was concerned that the interns were criticising their work. There were several instances when the senior hospital staff complained about this situation. Both senior faculty and the interns agreed that the program did not fully engage all key stakeholders.

Because of the two leadership changes and the misperception, the program did not succeed in ensuring the support of other senior staff.

*Incompatibility of the program with the current system:*

According to faculty staff interviewed, the program started very powerfully then lost its momentum and support and participants became less interested. The number of participants decreased over time. Each meeting there were tasks to be completed. In each group there were medical interns, nurses, residents, and administrative staff. Those who could not complete their activity were too embarrassed to attend the next meeting.

In addition to implementing their action plans, interns, nurses and residents had to complete the routine heavy departmental work. Since the program was a pilot, it was not part of the curriculum or the intern training system. Thus it was not institutionalized. That led to less recognition by the department directors.

*Ambitious action plans:*

According to interns interviewed, there were several reasons for dropouts. First, the interns interviewed thought that other groups’ challenges were more ambitious and complex than their own challenge, which was to introduce a short course on emergency patient care. It should be mentioned that unlike the program at the Alexandria Nursing School that had a single challenge, infection control, each medical team selected its own challenge. According to the interns, several other groups selected a challenge that required a change in the policies. Such challenges were too hard to accomplish in a short period of time and seemed to be beyond the knowledge and influence of the interns. Four out of six teams eventually stopped working.

Interns interviewed also mentioned one important mindset of their group that may explain their relative success compared to the other groups.

***“...our group thought that the most important thing is not to succeed or fail but apply what we have learned. Other groups thought that this process should bring results and when they failed they thought that there is no need to continue.”***



*Involuntary attendance:*

The other reason for dropouts was the random and involuntary attendance of interns.

***“People were forced to attend the [DMWL] course and sometimes when you are forced to do something you do not pay attention and withdraw.”***

Interns complained a lot about the random group formation.

***“We were fortunate that we already knew each other and liked to work together. Other groups did not have that chance.”***

Out of six intern groups, only two groups were able to complete their action plans and attended all the workshops and meetings. As mentioned above, the challenge of interns interviewed for this evaluation was to introduce a short course on emergency patient care and they succeeded. The challenge of the other successful intern group was to reduce the patient time spend at the emergency unit. These two groups' action plans complemented each other. According to the group of medical interns who the evaluation team interviewed, the other successful intern group members were also close friends and the resident assigned to their group was very inspiring. Another common factor for those two successful intern groups was that neither of their challenges and action plans required additional funding or changes in existing procedures.

*Inadequate support mechanism:*

There was not a sufficient number of facilitators to maintain a desired level of support to the groups. Busy residents could not provide enough support either, thus leaving the interns feeling lost. While interns have more free time, nurses and residents are always very busy. Residents could have solved the interns' problems, but they should have been more involved from the very beginning. Several residents were also not supportive – they did not permit interns to implement their action plans.

According to faculty staff interviewed the selection of nurses was not done properly. While head nurses in Menoufia Medical School have power, other nurses lack the power to help interns find their way and implement their action plans.

Although Dr. Galer wanted to form the groups to include different actors, this approach was quite new for the Menoufia Medical School. Administrative staff who were included to the groups could not find room during the pilot program for their involvement. In principle the idea was good but in practice the lack of a culture of team work and socio-cultural and educational differences within the groups impeded the desired result. The successful team was able to integrate the head nurses and benefited from their participation.

***“There were differences between the thinking of interns, nurses and administrative staff.”***

*Lack of communication:*

There was even a language barrier. In some instances, interns spoke English among themselves. This practice was quite alienating for other members of the groups who do not understand the language.

Interns also mentioned a very interesting communication problem related with the program: They complained that the faculty members did not explain to the participants in the beginning what the program was about. These interns were also not properly informed by the Menoufia Medical School faculty about the evaluation interviews. The following quotes explain the problem experienced by interns throughout the pilot program:

***“...when we joined the course we did not know what was it about.”***

***“...we did not know when it will end. All decisions were already made...”***

***“...like today we were not told anything.”***

Since interns were occasionally asked to attend a workshop without having any idea what would come next, they were confused about whether or not the pilot program had ended.

***“...we did not know when we finish the course. What was the desired result for that course...and... what is expected from us?”***

The pilot program ended in December 2004 as planned. All the planned workshops were also completed. However, interns interviewed thought that the ending was premature since they were still expecting to continue attending workshops and receiving more information. One intern put this issue of a premature ending ironically:

***“...we did not have a shared vision as a whole group!”***

There may have been a misperception about the interns' roles and expectations as well. They believe that the program is not yet over. They have the impression that they will continue to participate in the program. They were confused since they were all expecting to become facilitators, so they feel that they need to learn more.

#### ***4. Plans for future program replication***

As mentioned above, due to the lack of leadership in the Menoufia Medical School faculty there are no plans for the replication of the program.

The discussions with the interns revealed that none of them has selected a new challenge nor applied the challenge model in their new positions after graduation. While two of the interns were assigned to hospitals, a third has been working at a health center.

***“I use the skills in my life but not in my work.”***

When asked what was preventing them from applying the Challenge Model<sup>3</sup> in their work, they could not give a convincing reason, except that all three interns are in temporary positions and will be transferred to other facilities. The resident interviewed mentioned that:

***“...I am applying what I have learned but I cannot teach the same thing to newcomers.”***

## **IX. MENOUFIA MEDICAL SCHOOL: CONCLUSIONS**

In total, eight participants and stakeholders were interviewed in three sessions to gather information on the Menoufia Medical School experience. These limited interviews revealed that the pilot program in Menoufia Medical School had a different experience than that of the Alexandria Nursing School. The program was able to attract the school administration quite remarkably. All senior staff think that the program is a very powerful concept enabling health care workers at all levels and that it fills an important gap in the medical school training curriculum. In this respect, the pilot program was successful in introducing the principles of DMWL, and demonstrating the implementation of the principles through a rapid pilot program. However, it was also evident that the pilot program suffered from the following challenges:

Poor timing due to changes in the Menoufia Medical School administration left the program without a visible and vocal champion. This in turn led to the loss of momentum and enthusiasm among participants. Insufficient monitoring and encouragement of program participants also led to a constant dropout of participants.

The good will and enthusiasm of a few facilitators and supervisors were not sufficient to make the necessary changes which were desperately needed to adapt the program to the existing system of internship training.

There are several other factors that should also be discussed. Internship training at the medical schools has always been the most intense and stressful period of medical education. During this last year interns are expected to perform a very heavy volume of clinical work. In addition, in Egypt the MOHP assigns most of the medical doctors to health units soon after graduation. This approaching big life change coupled with the urgency to address gaps in clinical practice before graduation forces interns to set their own priorities. Performing more clinical procedures, learning more about clinical care, and satisfying the needs of their departments during one or two months of rotation may

<sup>3</sup> The Challenge Model is a multi-step performance improvement technique which starts with creating a SHARED VISION among team members, then SCANNING the environment for that vision, FOCUSING on a challenge, ALIGNING and MOBILIZING the resources needed, and INSPIRING participation in achieving the shared vision.

be more important than any other activity. It was obvious that neither the majority of interns nor the faculty had been able to realize and fully use the potential offered by the program and its content, which could strengthen the essential skills of interns as future leaders of community-based health care. Also, faculty were not committed to leading this kind of program.

This pilot program at the Menoufia Medical School was neither a total failure nor a fully satisfying success. Like any other pilot program, it has provided very valuable lessons for future program designs. And it was able to help a few faculty members and interns to discover their potential as leaders.

## **X. MENOUFIA MEDICAL SCHOOL: RECOMMENDATIONS**

### **Recommendations for the school administration:**

- The program needs more effort on the part of and more attention from faculty members. It should not be treated as a “hobby” or something additional to their busy teaching agendas. All departments should be supportive. The senior hospital staff should allow interns time to implement their action plans.
- The second important challenge is to modify the program in order to make it more suitable to the current rotation system. Currently the program does not fit the system.

***“We need a solid thing to put the DMWL program inside.”***

Then it could be possible to institutionalize program. The model could be studied and modified to suit the needs of all departments and the interns. The design should allow interns to choose their teammates and form their own teams. Interns may also need a way to maintain communication after graduation.

- Faculty staff interviewed all agreed that *“the program content is perfect. No need to add or delete anything.”* It just needs modifications for more effective and suitable implementation. The program is too long to implement and monitor. It is recommended that in future the program length be reduced to the period of one full rotation, which is two months for medical interns.
- Another suggestion from the faculty interviewed was to make the program compulsory in order to reduce drop-outs.

***“Since the interns were selected randomly some of them thought that the program was not necessary. We can make it obligatory. We can make an exam after the course. That will ensure participation.”***

## Recommendations for MSH:

- As these two pilot programs have proven, there is always a need for a champion who will take the lead and carry on the program — not a team of facilitators or supervisors, not the top administration of the faculty, but one dedicated person is needed who will identify herself with the program. MSH’s experience with leadership development in Egypt has confirmed this fact more than once. The success at the Alexandria Nursing School is mostly attributable to Dr. Maha who dedicated herself to the program and has demonstrated commitment to succeed against all odds.

In Aswan governorate, first Dr. Morsy took the lead and then successfully paved the way for Dr. Abdo’s leadership. Dr. Abdo has been able to mainstream the program into the existing health system at the governorate level. In Menoufia Medical School, however, such leadership did not emerge during the pilot implementation period. In the future, MSH should ensure that the “champion position” for the leadership program in the organization is always filled.

- Faculty members should be targeted first for engagement. Clinic department directors should also participate in the program since they do not receive management training nor do they have opportunities for management training.
- The need for proper monitoring and measurement procedures recommended for the Alexandria Nursing School is also valid for Menoufia Medical School. There is also need to set up a system to monitor the interns after graduation. This system could be two pronged. First, it could be designed to monitor the graduates, whether or not they have been using their new skills. Second, it could be designed to provide a medium for communication and support for the graduates. .

***“We need to to learn know how to monitor and evaluate the program if we want to expand.”***

- Overall, the Pre-Service Program needs to be reviewed and adapted to fit the needs and systems of the Menoufia Medical School.

## **APPENDIX 1: LIST OF PERSONS INTERVIEWED**

### **Meeting with former Dean of Menoufia Medical School, July 16, 2005**

Prof. Dr. Mohamed Ibrahim

### **Meeting with Aswan senior staff, July 16, 2005**

Dr. Abdo Hassan Alswasy

Dr. Mohamed Sorour

Ms. Sabriya Ali Ismail

Dr. George Attalah

Dr. Medhat Bahig

### **Meeting with Alexandria Nursing School senior staff, July 17, 2005**

Dr. Nahed El Sebai

Dr. Maha Salem

Reem Mabruk

### **First meeting with Alexandria Nursing School staff, July 18, 2005**

Dr. Maha El-Habashy

R. Amal Samir Ahmed

Dr. Gehan El-Baily

Dr. Sahar Hossni El-Shenawi

Dr. Youmn Youssef

### **Second meeting with Alexandria Nursing School staff, preceptors and students July 18, 2005**

Sanaa Ibrahim

Abdel Ghani

Nareman Khamis

Intesar Mohamed

Iman Mohamed

Hanan Ibrahim

Kholood Ibrahim

Doaa Mohamed

Magda Fikri

Samia Roshdi

Samiha Said

Nawal Ibrahim

Wafaa Taha

Doaa Ahmed

Yousraa Khalil

### **Meeting with Menoufia Medical School senior staff, July 19, 2005**

Dr. Mohamed Abu Naser

Dr. Said Asta

Dr. Ahmed Said

Dr. Mohamed Abbas

Menoufia interns and residents